

ILLINOIS DIETETIC ASSOCIATION

Congressional Office Visit Report Form

Meeting Date: _____

US Senator: _____ US Representative: _____ Dist: _____

IDA Meeting Participants

Name:

E-Mail Address

Check one:

Met with Member only

Met with Staff only

Staff member name: _____ Position: _____

Met with Member and Staff

Staff member name: _____ Position: _____

Meeting Details:

1. What ADA priority areas were discussed during the meeting?

Health Care Reform

Child Nutrition

Other _____

2. Were there other issues raised by the Member/staff?

3. What strategy will you pursue in following up with this office? For example, who will write the thank you note for the meeting?

4. Did the Representative or Senator give you any insight as to his/her thoughts on the issues you discussed? If so, what were they?

5. Is there additional information ADA staff should provide to this congressional office to underscore your key messages?

6. Additional comments or thoughts:

Please return this report to:

Lisa Eaton-Wright MS RD LDN
Illinois Dietetic Association
Public Policy Coordinator – North
12 Hilltop Court Lemont IL 60439-6134
Email: jameatonwright@gmail.com